

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCALE NO.

FILED DATE

10581810

INVENTOR

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			2				52						
3			3				53						
4			4				54						
5			5				55						
6			6				56						
7			7				57						
8			8				58						
9			9				59						
10			10				60						
11			11				61						
12			12				62						
13			13				63						
14			14				64						
15			15				65						
16			16				66						
17			17				67						
18			18				68						
19			19				69						
20			20				70						
21			21				71						
22			22				72						
23			23				73						
24			24				74						
25			25				75						
26			26				76						
27			27				77						
28			28				78						
29			29				79						
30			30				80						
31			31				81						
32			32				82						
33			33				83						
34			34				84						
35			35				85						
36			36				86						
37			37				87						
38			38				88						
39			39				89						
40			40				90						
41			41				91						
42			42				92						
43			43				93						
44			44				94						
45			45				95						
46			46				96						
47			47				97						
48			48				98						
49			49				99						
50			50				100						
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.			15				TOTAL DEP.						
TOTAL CLAIMS			19				TOTAL CLAIMS						